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**APPLICANTS**

Winifred Dahm, Howell, MI;  
 Randy Merrifield, Warren, MI;  
 John Dobrzelewski, Clarkston, MI;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
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**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

10291

**TITLE**

Hockey puck face-off method and apparatus

<b>FILING FEE RECEIVED</b> 749	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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